

2026 APTA Membership Application

Physical Therapist • Physical Therapist Assistant • Student PT or PTA



Online: apta.org/Join or scan QR code

Phone: 800-999-2782

Mail: APTA, P.O. Box 70520, Philadelphia, PA 19176-9957



Applicant Information

Former Member?	<input type="radio"/> Yes	Member ID:	<input type="radio"/> No
Name at Graduation or Under Which Previously a Member			
First Name	Middle Name	Last Name	
Preferred Mailing Address <input type="radio"/> Home <input type="radio"/> Office			
Address			
City	State		
Zip	Country		
Office Phone	Home Phone		
()	()		
Fax	Cell Phone		
()	()		
Email			
Chapter Preference (If different from state listed in mailing address, please explain.)			
May we release your contact information to be listed in the online APTA Membership Directory? <input type="radio"/> Yes <input type="radio"/> No			

Demographic Information (optional)

The following information is requested for demographic purposes only.

Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Nonbinary <input type="radio"/> Transgender <input type="radio"/> Prefer to self-describe (please specify) _____	Birth Year
Sexual Orientation	<input type="radio"/> Heterosexual <input type="radio"/> Lesbian <input type="radio"/> Gay <input type="radio"/> Bisexual <input type="radio"/> Asexual <input type="radio"/> Prefer to self-describe (please specify) _____	
Race/Ethnic Origin		
<input type="radio"/> African American or Black (Not of Hispanic Origin) (3) <input type="radio"/> Asian (2) <input type="radio"/> Pacific Islander or Native Hawaiian (7)	<input type="radio"/> American Indian or Alaska Native (1) <input type="radio"/> Hispanic/Latino (5) <input type="radio"/> White (Not of Hispanic Origin) (4) <input type="radio"/> Other (6)	

Education

Name of Your Entry-Level Physical Therapy School/Institution		
Degree <input type="radio"/> Doctorate <input type="radio"/> MA/MS <input type="radio"/> BA/BS <input type="radio"/> AA		
Graduation Date (or Expected Graduation/Completion Date)		
Month:	Year:	PT/PTA: Please provide primary state licensed in or a copy of your diploma. State:

Ethics Code Pledge

Please check the pledge and sign in the space provided.
View the Code of Ethics for the Physical Therapy Profession at apta.org/Ethics

☐ I pledge that I will comply with the Code of Ethics for the Physical Therapy Profession.

Applicant's Signature _____ Date _____

Did anyone recommend that you join APTA?

Referring member's name: _____
Referring member's email: _____

Membership Dues

See reverse for membership qualifications and dues schedules.

National Dues	\$
Chapter Dues	\$
Total Academy or Section Dues (Check below to join)	\$
<input type="radio"/> Acute Care (I) <input type="radio"/> Leadership & Innovation (Y) <input type="radio"/> Aquatics (Q) <input type="radio"/> Neurology (N) <input type="radio"/> Cardiovascular & Pulmonary (L) <input type="radio"/> Oncology (T) <input type="radio"/> Clinical Electro & Wound Mgmt (K) <input type="radio"/> Orthopedics (J) <input type="radio"/> Education (C) <input type="radio"/> Pediatrics (H) <input type="radio"/> Federal (R) <input type="radio"/> Pelvic Health (M) <input type="radio"/> Geriatrics (P) <input type="radio"/> Private Practice (E) <input type="radio"/> Hand and Upper Extremity (S) <input type="radio"/> Research (D) <input type="radio"/> Home Health (B) <input type="radio"/> Sports (F)	
Total Corresponding Chapter Dues (See on reverse)	\$
Total Voluntary Contributions (See below)	\$
Dimensions of Leadership Pathways Grant <input type="radio"/> \$10 <input type="radio"/> \$25 <input type="radio"/> \$50 <input type="radio"/> \$100	
Foundation for Physical Therapy Research <input type="radio"/> \$10 <input type="radio"/> \$50 <input type="radio"/> \$100 <input type="radio"/> \$250	
Access and Opportunity Scholarship Fund <input type="radio"/> \$10 <input type="radio"/> \$50 <input type="radio"/> \$100 <input type="radio"/> \$125	
PT Fund <input type="radio"/> \$10 <input type="radio"/> \$25 <input type="radio"/> \$50 <input type="radio"/> \$100	
World Physiotherapy Fund <input type="radio"/> \$10 <input type="radio"/> \$25 <input type="radio"/> \$50	
PTPAC, Political Action Committee of APTA <input type="radio"/> \$25 <input type="radio"/> \$50 <input type="radio"/> \$100 <input type="radio"/> \$250 Contribution Type (check one): <input type="radio"/> Personal <input type="radio"/> Corporate	
PTPAC Contribution Disclaimer: Contributions to PTPAC are not tax-deductible as charitable contributions. Contributions are voluntary. Your contribution will be used to support candidates for federal or state (limited to PT/PTA candidates) office who support physical therapy issues. The amount given by the contributor, or the refusal to give, will not benefit or disadvantage the person being solicited.	
Grand Total	\$

Payment Options

Choose the options that are right for you.

- ☐ **Pay in Full** One-time payment for annual dues.
- ☐ **Monthly Payment Plan*** 12 payments for annual dues.
- ☐ **Auto-Renew*** Automatically renew my annual membership dues and voluntary contributions each year (for either option above).

*Note: Credit/debit payment method required to participate in the Monthly Payment Plan and/or Auto-Renew. See apta.org/payment-terms for terms and conditions.

Dues are not refundable.

Payment Method (select one)

- ☐ Check made payable to APTA in the amount of \$ _____.
- ☐ Please charge \$ _____ to my:
☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Credit/Debit Card No.	Exp Date
Cardholder's Billing Address (include if different from preferred mailing address above)	
Cardholder's Name	
Cardholder's Signature	

2026 National Dues				
PT	PTA	Student PT or PTA	PT Postprofessional Student	PTA Advanced-Degree Student
\$295	\$190	\$80	\$150	\$95

2026 Chapter Dues							
Chapter	PT	PTA	Student PT or PTA	PT Post-professional Student	PTA Advanced-Degree Student	Corresponding Dues (optional)	
						PT/PTA	Student
Alabama	\$150	\$75	\$15	\$15	\$75	\$75	\$15
Alaska	100	50	10	50	50	10	10
Arizona	150	90	0	0	90	140/90	0
Arkansas	115	55	0	50	55	50	0
California	245	156	23	100	65	120	23
Colorado	158	94	23	68	94	68	0
Connecticut	120	60	10	10	60	60	0
Delaware	110	50	30	30	50	50	0
District of Columbia	90	45	30	45	45	45	30
Florida	185	135	12	125	135	75	10
Georgia	187	93	22	187	93	123/61	22
Hawaii	120	50	15	75	50	25	0
Idaho	95	70	20	20	70	10	0
Illinois	210	105	15	132	105	210/105	15
Indiana	110	55	10	110	55	110/55	0
Iowa	150	80	15	75	80	70	15
Kansas	90	55	10	30	55	40	0
Kentucky	105	75	0	50	75	105/75	0
Louisiana	125	94	0	25	94	50	0
Maine	85	45	0	0	45	15	0
Maryland	140	65	10	75	65	60	0
Massachusetts	120	60	24	60	60	120/60	0
Michigan	125	65	10	100	65	50	10
Minnesota	140	60	10	10	60	50	0
Mississippi	115	60	10	10	60	50	0
Missouri	130	95	30	40	95	50	50
Montana	125	50	0	50	50	50	0
Nebraska	150	80	25	25	80	150/80	25
Nevada	125	80	10	50	80	50	0
New Hampshire	85	45	15	15	45	15	0
New Jersey	165	100	15	95	100	70	15
New Mexico	100	50	10	100	50	30	0
New York	180	115	5	110	115	90	5
North Carolina	160	95	10	0	95	55	10
North Dakota	60	40	0	60	40	30	0
Ohio	170	99	10	50	99	48	0
Oklahoma	125	80	20	20	80	20	0
Oregon	140	90	25	80	90	75	25
Pennsylvania	165	125	5	50	125	95	0
Rhode Island	80	40	10	50	40	25	0
South Carolina	130	80	5	50	80	50	5
South Dakota	100	40	25	25	40	25	0
Tennessee	105	70	0	63	70	26	0
Texas	155	103	10	100	103	100	10
Utah	100	50	5	100	50	5	5
Vermont	75	40	0	0	40	20	0
Virginia	124	87	12	62	44	94/87	12
Washington	150	97	0	40	97	50	0
West Virginia	125	90	15	25	90	50	0
Wisconsin	183	92	17	95	92	47	0
Wyoming	100	60	15	50	52	40	0

Visit apta.org/tax for information on the deductibility of voluntary contributions. This page also identifies the portions of your national, chapter, and section dues that are not deductible as an ordinary and necessary business expense, to the extent that APTA and your chapter and/or section(s) engage in lobbying on behalf of their members. Please note that \$12 of your annual membership dues is applied toward a subscription to PTJ: Physical Therapy & Rehabilitation Journal and \$10 toward a subscription to APTA Magazine, both of which are inseparable from dues. Contact APTA for nonmember rates.

2026 Academy or Section Dues					
Academy or Section	PT	PTA	Student PT or PTA	PT Post-professional Student	PTA Advanced-Degree Student
Acute Care (I)	\$50	\$30	\$0	\$20	\$20
Aquatics (Q)	50	35	10	35	25
Cardiovascular & Pulmonary (L)	44	22	10	20	20
Clinical Electrophysiology & Wound Management (K)	60	40	0	50	40
Education (C)	60	40	0	25	40
Federal (R)	31	22	10	18	11
Geriatrics (P)	63	43	0	0	43
Hand & Upper Extremity (S)	45	35	0	25	15
Home Health (B)	45	35	0	15	35
Leadership & Innovation (Y)	60	30	10	30	30
Neurology (N)	55	30	20	20	30
Oncology (T)	50	33	0	0	0
Orthopedics (J)	95	55	0	55	55
Pediatrics (H)	70	40	23	35	40
Pelvic Health (M)	75	35	35	35	35
Private Practice (E)	175	105	50	150	105
Research (D)	35	25	0	5	25
Sports (F)	90	60	30	35	60

Enrollment Form

Designate Optional Payment Plan(s) Below

Sign and return this completed form with your application. Note: Credit/debit payment method required to participate in the Monthly Payment Plan and/or Auto-Renew.

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Monthly Payment Plan for annual dues I authorize APTA to charge my credit/debit card in 12 payments over one year for the total amount of annual membership dues, contributions, and a \$12 annual processing fee. I understand that if I fail to meet my payment obligation to APTA, my membership will be terminated. Learn more at apta.org/payment-terms. **Calculate your dues by completing your membership renewal and transferring the appropriate amounts to the form below.**

National and Chapter Dues	\$ _____
Total Section and Corresponding Chapter Dues	\$ _____
Total Voluntary Contributions	\$ _____
Processing Fee (Monthly Payment Plan Only)	\$12
Grand Total	\$ _____
Divide grand total by 12 to determine the amount of each monthly payment.	\$ _____

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Auto Renew Plan I authorize APTA to continue to charge my credit/debit card for my full or monthly payment plan dues (and voluntary contributions) from year to year until such time I notify APTA by telephone at 800-999-2782, or in writing at autorenew@apta.org or APTA, Attn: Membership, 3030 Potomac Ave., Suite 100, Alexandria, VA, 22305-3085 to cancel the automatic renewal. I understand that my membership will be renewed annually by charging my credit/debit card for full dues at once or in 12 monthly payments at the current rate in effect at renewal (along with voluntary contributions). Learn more at apta.org/payment-terms.

Member's Signature

Date

Member's Name (please print)

APTA ID:

Membership Qualifications

All membership categories are based on education, not on licensure. Both national and chapter memberships are required. Exception: Active uniformed services personnel or spouses/partners of active uniformed services personnel, may choose to be assigned to any chapter. Membership is effective for 12 months. Corresponding dues entitle APTA members to participate in additional chapters. These dues are in addition to your 2026 chapter dues. Visit apta.org/Eligibility for further details.

Physical therapist and physical therapist assistant applicants: To qualify, you must be a graduate of a CAPTE-accredited physical therapy program. Exception: If educated abroad and living in the United States, submit a credentials evaluation OR a license from a U.S. jurisdiction that requires a credentials evaluation prior to licensure.

Student applicants: To qualify, you must be enrolled in an entry-level physical therapy program (full- or part-time) that is accredited, or is seeking or has been granted candidacy status, by CAPTE.

PT postprofessional student applicants: To qualify, you must submit verification that you are enrolled full-time in an advanced post professional program or APTA-accredited residency or fellowship program, or a postdoctoral research fellowship, know your anticipated completion date, and meet all of the qualifications for physical therapist membership (see above). Transition DPT students are not eligible for PT postprofessional student membership. Submit verification of enrollment form with application. Download form at apta.org/SVF.

PTA Advanced-degree student applicants: To qualify, you must submit verification that you are enrolled full-time in an advanced degree master's or doctoral program or a postdoctoral research fellowship program and meet all qualifications for PTA membership.